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ABSTRACT

Evaluated was the relationship of the personal and marital adjustment of 31 sets of parents to their own behavior as parents and the behavior problems of their children (mean age 7.7 years). Families who had been referred for behavioral counseling regarding child problems were given a diagnostic battery which included home observations as well as administration to parents of the Minnesota Multiphasic Personality Inventory (MMPI) and the Locke-Wallace Marital Inventory. Results revealed a modestly high negative relationship between marital satisfaction and the observed level of child deviance and between marital satisfaction and the level of observed maternal "negativeness" to the child. Analyses using the MMPI indicated that a large number of the fathers' MMPI scales were related to child deviance, but this finding was not replicated for mothers. Several MMPI scales were related to marital satisfaction for both parents. (Author)

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THE PERSONAL AND MARITAL ADJUSTMENT OF PARENTS

AS RELATED TO OBSERVED CHILD DEVIANC AND PARENTING BEHAVIORS¹

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Research in child psychopathology has long focused on the relationship between child deviance and parental adjustment. A current review of this literature suggests two parent adjustment factors are related to child deviance: general parent psychopathology and marital discord. The present study examined these two factors by relating parent and child behaviors as observed in the home to parent adjustment as measured by self-report inventories (i.e., the Minnesota Multiphasic Personality Inventory, MMPI, and the Locke-Wallace Marital Adjustment Test; Locke & Wallace, 1959).

Several studies comparing referred and nonreferred children have found a positive relationship between the presence of child behavior disorders and the observation of parental psychopathology in psychiatric interviews (e.g., Block, 1969; Jenkins, 1966; Rutter, 1966; Wolff & Acton, 1968). However, the relationship between the specific parental diagnoses and specific child behavior disorders has been difficult to establish. One possible explanation for this difficulty is as Anderson (1969) has asserted: "The traditional psychiatric diagnoses do not satisfy the research requirements of objectivity and reproducibility [p. 575]."

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The MMPI profiles of parents of referred children have often been compared with those of normal control parents or with those of adults in the general population (e.g., Anderson, 1969; Goodstein & Rowley, 1961; Hanvik & Byrum, 1959; Lauterback, London, & Bryan, 1961; Liverant, 1959; Marks, 1961; Wolking, Quant, & Lawton, 1966). Although results have varied

slightly from study to study, they indicate that parents of referred children generally score higher on several of the MMPI scales than do parents of normal controls or adults in the general population. The scales showing the greatest consistency from study to study as well as yielding the highest level of difference between groups are Pd and Hy. In keeping with the studies based on psychiatric diagnosis, investigators have found limited evidence of an association between specific MMPI profiles and specific areas of child deviance (e.g., Anderson, 1969; Wolking, Duntzman, & Bailey, 1967). However, the Pd elevations appeared to be important in discriminating the parents of aggressive, acting-out children (Anderson, 1969).

In an analysis involving home observation data similar to the present study, Hendriks (1972) correlated the observed frequency of ten individual child deviant behaviors and their sum with all MMPI scales obtained from the children's mothers. The total deviant behavior of the child was not found to correlate significantly with any MMPI scale. However, L, Hs, D, and Si scales all yielded more significant correlations with individual child deviant behaviors than would have been expected by chance. Furthermore, the mother's own deviant behaviors were correlated more frequently than would be expected by chance with the F and Ma scales.

The relationship between child deviance and marital discord has been less well-defined. The observation of family interaction in structured situations has suggested more marital discord in families with referred children than in control families (e.g., Gassner & Murray, 1969; Leighton, Stollak, & Ferguson, 1971; Murrell & Stachowiak, 1967; Schuham, 1970; 1972). Although consistent differences in patterns of parental dominance were not found in these studies, all indicated that parents of nondeviant children

supported one another more often than did parents of referred children. Schuham (1972), for example, found that parent-parent agreements outnumbered parent-child agreements in families with nonreferred children while parent-child agreements slightly outnumbered parent-parent agreements in families with referred children.

Rutter (1971) also emphasized the relationship between childhood deviance and marital discord. In reviewing the relationship between parent-child separation and child anti-social behavior, he found that it was not the separation itself but rather the family discord surrounding it which seemed crucial in the development of anti-social behavior. Similarly, Gibson (1969) found that delinquency tended to be higher in unhappy, intact homes than in harmonious but broken homes.

The present study examined the same issues addressed in the studies reviewed above. However, this study was different in certain methodological respects. First, like the Hendriks study (1972), this research related parent variables to the observed rates of deviant behavior in children rather than to broad categories such as deviant vs. normal, or aggressive vs. neurotic. Second, the analysis was correlational within a referred sample rather than a contrast between referred and nonreferred children. While these procedures may restrict the range of related variables, they do eliminate the methodological problem of differential subject selection of deviant and control children. Whenever a clinically referred group is compared with a "normal" control group, the selection procedures are almost always dissimilar. Thus, any differences between these groups may be attributed to differential subject selection rather than to simple membership in groups (see Campbell & Stanley, 1966). With reference to the present problem, parents who are willing to

bring their children for psychological treatment may also be much more willing to admit to their own personal or marital adjustment problems than control parents. A study employing only families with referred children is not subject to this confound. Finally, because two dissimilar assessment methods were employed in this study (i.e., verbal report and behavioral observation), the possible contribution of common method variance was greatly reduced.

Method

Subjects

Subjects were members of families who had been referred to the University of Oregon Psychology Clinic for behavioral counseling regarding child problems.² These families were seen between the Fall of 1970 and Spring of 1973. All families who completed the diagnostic phase of the treatment program were used for this study whether or not they completed the treatment program. All of the referred children were believed to exhibit "active behavior problems" by the referring agency and/or the parents themselves. For present purposes, "active behavior problems" were defined as any of the following behavior disorders: aggressiveness, destructiveness, disobedience, hyperactivity, temper tantrums, or high rate activity with annoyance value such as yelling, crying, smart talk, or demanding attention. A total of 36 families with target children between the ages of 2.5 and 13 years were included in this sample (mean age = 7.71). Of these children, 31 were boys and 5 were girls. Thirty-one families had both parents living in the home, while 5 others were mother-only homes. The median age of fathers in this sample was 32, and the median age of mothers was 30 with a median family income of \$7100.

Procedures

After an initial interview to establish the suitability of families for the behavioral treatment program, the Minnesota Multiphasic Personality Inventory (MMPI) and the Locke-Wallace Marital Adjustment Test (Locke & Wallace, 1959) were administered to the parents. The Locke-Wallace inventory was not included in the diagnostic test battery until the fall of 1971, yielding a total sample of 21 married couples on this measure. In addition to the 12 regularly employed MMPI scales, a special score (Pd-Ma) was derived in each case in line with the hypothesis forwarded by Hanvik and Byrum (1959). These investigators noted that Pd-Ma discrepancies may occur "...in situationally maladjusted individuals reacting adversely and with intense hostility to a portion of the social environment, i.e., persons with severe marriage problems [p. 429]." Following the completion of the written tests, each family was observed in their home for five evenings during the 45 minutes prior to their dinner. In these observations, the family was required to comply with the following rules: a) all family members present; b) no one except family members present; c) all family members restricted to a specified two-room area; d) no television; and e) no interactions with the observer. The observation system employed was a modified version of the coding system devised by Patterson, Ray, Shaw, and Cobb (1969) which utilized 35 distinct behavior categories. This system was designed to focus on the target child in his interactions with one or more family members. Interactions were coded continuously in pairs of behaviors, consisting of the child's behaviors and the responses of those with whom he was interacting.³

Observers were young women paid as research assistants. They had been trained extensively in the use of the code before being employed for this

study, and they continued to train throughout the period of this research. The observations for this study were done in the context of a larger research project in which many children and families were being observed for several concurrent investigations. In all of this research, observers were kept uninformed regarding the specific purpose of any given observation. The standard procedure after each observation was to require a written report of any biasing information. For the entire research project of which these observations were a part, it has been found that 32% of the observations have been done under circumstances in which the observers were aware of the clinic-referred status of the involved families. In only 24% of these cases, or 8% of the total sample, did the observers know the treatment stage (i.e., pretreatment or post-treatment).

Two behavioral summary scores were used in the present study. The first was the child deviant behavior score which has been employed in all previous studies using this observational system. The child deviant behavior score is the sum of 15 behaviors previously designated as deviant by parents of normal children (Adkins & Johnson, 1972). These behaviors include demand attention, violation of standing command, destructiveness, high rate behavior, humiliation, noncompliance, physical negative, smart talk, tease, tantrum, whine, yell, threatening command, ignore, and negativism. This composite score has been validated in previous research by its ability to discriminate deviant and nondeviant children (Lobitz, G. & Johnson, 1973) and by the fact that these individual codes receive a much higher proportion of negative parental consequences than do the nondeviant codes (Johnson, Wahl, Martin, & Johansson, 1973). Moreover, when parents have been instructed to make their child look deviant or nondeviant in home observations, this score

reliably discriminates these instructional periods (Johnson & Lobitz, G., 1974; Lobitz, W. & Johnson, 1973). In addition, unpublished data from this laboratory indicates that the deviant behavior score correlates significantly with parental verbal report of the level of child deviance. Prior research with this observational system and observer corps indicates that the score yields high observer agreement and high stability over time (Johnson & Bolstad, 1973).

The second behavioral score used in this research was the parental negativeness proportion of total parent behavior. The codes which comprise this proportion score were selected on an a priori basis, but the subsequent data on this score corroborates its validity. All codes which could be assumed to convey a negative communication to the child were designated as negative consequences. Negative consequence codes include threatening command, command negative, cry, violation of standing command, disapproval, destructiveness, humiliation, ignoring, noncompliance, negativism, physical negative, smart talk, tease, tantrum, whine, yell, and demand attention. As is obvious, this composite score is made up of many of the same codes used in the child deviant behavior score. Prior research indicates that this score also discriminates between referred and nonreferred families (Lobitz, G. & Johnson, 1973), and that those child behaviors designated as deviant receive a far higher proportion of these negative consequences than do nondeviant behaviors (Adkins & Johnson, 1972). Moreover, when parents have been asked to make their children look deviant, they have reliably increased their overall proportion of negative behaviors to their child (Johnson & Lobitz, G., 1974; Lobitz, W. & Johnson, 1973). Finally, a rather high correlation has been found between the deviant behavior score of the child and the overall

negative responding of the parents ($r = .78$, $p < .01$; Johnson et al., 1973). Previous research with the same coding system and same corps of observers indicates that this score also yields high observer agreement and high stability over time (Johnson & Bolstad, 1973).

Observer Agreement

Observer agreement was checked in this study by a calibrating observer accompanying the regular observer to gather data for an entire observational period. Observer agreement was checked on 32 occasions in a separate home for each occasion. A correlation between the scores obtained per session by each observer on each variable was computed in line with the recommendations forwarded by Hartmann (1973) and Johnson and Bolstad (1973). Since correlations were based on only one day of observation and the estimates used in this study were based on five days, the Spearman-Brown correction for a test period five times as long was applied (see Johnson & Bolstad, 1973). The resulting correlations with uncorrected values in parentheses were deviant behavior = .99 (.94) and parental negativity proportion = .91 (.68).

Results

The relationships for marital adjustment are given in Table 1.

Insert Table 1 About Here

The correlations reported define marital adjustment as measured by the Locke-Wallace, and child deviance and parental negativity as measured from the home observation data. Correlations are reported for mothers, fathers, and both parents taken together. Since the Locke-Wallace Marital Adjustment Test was administered only to the last 21 families of the sample, correlations

involving this measure are based on a total N of 21. In addition, the sample size per correlation varies slightly due to the single parent families and, in two cases, to the absence of fathers in home observations. All correlations are in the expected direction, and all but one are significant. With the exception of the relationship between marital adjustment and parental negativity for fathers, there is a consistent and significant relationship between all variables. As expected, there is a negative relationship between marital adjustment and child deviance and between parental negativity and marital adjustment. As in previous research, there is a consistent, positive relationship between child deviance and parental negativity.

The correlations between all MMPI scales and the three variables central in this study--marital adjustment, child deviance, and parental negativity--are presented in Table 2. For all clinical scales except Mf, positive

Insert Table 2 About Here

relationships were predicted for child deviance and parental negativity. Negative relationships on all these scales were predicted for marital adjustment. No directional relationships were forwarded for the Mf scale. Child deviance and parental negativity were predicted to show a positive relationship to the F scale and a negative relationship to the K scale. The opposite pattern was predicted for the relationship of these validity scales to marital adjustment.

All of the fathers' clinical MMPI scales were positively related to the deviance level of the target child. This relationship was significant for Hs, D, Hy, Pd, Mf, Pa, and Sc. In contrast, only the specially derived Pd-Ma score was significantly related to child deviance for mothers. There

was also a significant positive relationship between the father's F scale score and the child's deviance. All other relationships with the validity scales were nonsignificant.

Only the mothers' Sc scale was significantly related to parental negativity. None of the clinical scales were significantly related to the fathers' degree of negative responding to his child. The only validity scale which correlated with parental negativity was the fathers' F scale which was significantly related to negativity in a positive direction.

All clinical scales were negatively related to the father's marital adjustment. Furthermore, all correlations except that involving the Pa scale were statistically significant. Those scales showing the highest level relationships were D, Pd, and Si. Both validity scales also yielded significant relationships for fathers with the F scale showing a negative relationship to marital adjustment, and the K scale a positive relationship. For mothers, the Pd, Sc, and Si scales yielded a significant negative relationship to marital adjustment while the Mf scale yielded a positive relationship. As with fathers, the F scale was negatively related to marital adjustment, but the K scale showed no significant relationship.

In sum, a large number of the correlations between MMPI scales and marital adjustment were significant for both mothers and fathers. Similarly, a large proportion of those correlations relating the fathers' MMPI scales to child deviance were significant. The number of significant correlations in each of these three rows of Table 2 far exceed the number to be expected by chance. The three remaining rows reflecting the relationships between the mothers' MMPI scales and child deviance and both parents' MMPI scales and

child deviance and both parents' MMPI scales and parental negativity contained only one significant correlation each. Thus, any significant relationship in these latter rows should be interpreted cautiously as they could merely reflect chance.

Discussion

The results of this study corroborate the research reviewed earlier which suggested a positive relationship between marital discord and child deviance. In contrast to the earlier studies, however, the present investigation directly assessed marital adjustment by self-report and child deviance by behavioral observation. The results also indicate an inverse relationship between parents' marital adjustment and their negativity to their children. Moreover, the positive relationship between parental negativity and child deviance, found in prior studies, was observed in the present sample. The causal links between these three variables--marital discord, parent negativity, and child deviance--are, of course, not documented by these results. However, the results of one study using these same observational procedures did indicate that when parents consciously increased their negativity, corresponding increases in child deviant behavior occurred (Lobitz, C. & Johnson, 1973).

The relationships between the child's deviant behavior and the parent's adjustment as measured by the MMPI are somewhat more complex. Although the fathers' scores on most of the clinical scales are related to child deviance in the expected direction, the present results replicate Hendrik's (1972) findings perfectly in yielding no significant correlations for overall deviance and the mothers' scores on the twelve regularly used MMPI scales. Only mothers' specially derived Pd-Ma scale suggested by Hanvik and Byrum (1959)

is related to child deviance. Yet, since this derived scale was originally suggested as a measure of marital dissatisfaction, this finding may only replicate the phenomenon discussed above. In interpreting the meaning of these father-only relationships, it should be remembered that 86% of the present sample were boys. It is possible that the adjustment of the father is more critical for this reason. Gassner and Murray (1969) found an association between the sex of the dominant parent and the sex of the neurotic child in a family.

Parental negativity yields a significant correlation only with the Sc scale for mothers and with the F scale for fathers. As indicated earlier, one correlation out of 13 per row is too close to chance to be interpreted with any confidence. Nevertheless, the F column in Table 2 does indicate that F predicts as expected to child deviance and parental negativity for fathers and to marital adjustment for both parents. If F is viewed as an index of willingness to admit pathology, these relationships make sense and perhaps suggest that the father's willingness in this regard is more critical than the mother's in determining what may be viewed in home observations.

The father's MMPI scale scores show a slightly higher relationship to his child's deviant behavior than they do to his own negativity. It may be that the behavior of fathers in home observations is more controlled or reactive than is the behavior of children. Or, it may be that the pathological behavior of fathers which seems to affect the child's level of deviance may not be captured in the "negativity" score. Whatever the reason, this difference is consistent with the trends reported in Table 1. That is, whereas the highest correlation in Table 1 reflects the relationship between the father's marital adjustment and the child's deviance, the lowest correlation, and the only one failing to reach significance, involves the

relationship between the father's marital adjustment and his negativity.

That marital adjustment is negatively related to many of the clinical MMPI scales seems logical. But, again, fathers show more and higher relationships than do mothers. As expected, the special Pd-Ma score is negatively related to the Locke-Wallace score, but, for both mothers and fathers, the Pd scale alone yielded higher correlations. Ma alone was significantly related to the Locke-Wallace score only for fathers. Thus, at least in the present study, the relationship between Pd-Ma and marital adjustment may largely be accounted for by Pd alone.

The results of this study and others suggest that the historical preference for studying the relationship between children's behavior and their mother's adjustment may have been misplaced. The important role of fathers particularly in the development of conduct disorders has already been pointed out by other investigators. Robbins (1966), for example, found that the social and emotional status of fathers had much greater predictive value to future sociopathy for both boys and girls than did similar status factors for mothers. In the present study, the emotional status of the father as measured by the MMPI had much greater predictive value for observed child deviance than did these scales for mothers. The quality of the marital relationship was significantly related for both. These findings argue for ever broader studies of those family variables which may be related to the development or maintenance of child deviance.

In a study closely related to the present one, comparisons were made on several variables between clinic referred families and matched control families (Lobitz, G. & Johnson, 1974). A discriminant function analysis of these predictor variables indicated that the parents' attitude toward their

child as measured by a self-report inventory was by far the most reliable predictor of the referred vs. nonreferred status of the child. Furthermore, the observed negativity of the parents was as predictive of referred status as was the deviant behavior of the children. The overall deviant behavior of the children in the referred group was significantly higher than in the nonreferred group ($p < .02$), but there was a considerable degree of overlap in the two distributions. These findings further corroborate the notion that referral for treatment of child problems is dependent on many factors other than the actual behavior of the child and that parent related variables are particularly crucial in such determinations.

The implications of all of these findings for clinical work with families seem clear. Attention to the assessment of various family problems and their interrelationships as advocated by the family therapists (e.g., Bowen, 1966; Haley, 1971; Zuk, 1967) seem warranted. The assumption that all child problems are merely reflections of family pathology is certainly an oversimplification and, needless to say, a conclusion which cannot be drawn from correlational data. However, parental difficulties are often present and may be of primary importance in cases initially referred for child treatment. Child therapists should be aware of the kinds of relationships documented here. Furthermore, assessment procedures should be developed to assess the degree of difficulty in each area and, to the extent possible, the dynamic relationships between them. The presence of such family difficulties may be one reason that behavior modification programs have sometimes only proven successful in altering targeted behaviors for which the parents learned specific change procedures and have not resulted in a decrease in overall child deviant

behavior (Eyberg & Johnson, 1974; Patterson, Cobb, & Ray, 1973). Moreover, parent adjustment problems and marital difficulties may also help explain the failures of behavioral programs in long-term follow-up. For example, Patterson et al. (1973) have noted that severe marital conflict seemed to be associated with impaired performance at follow-up for three families studied. Regardless of the mechanisms involved, therapists who are called upon to treat child problems should be alert to the possible relationships among problems in the family in hopes of planning more effective treatment strategies.

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Footnotes

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²For a report of this program and its outcome results, see Eyberg and Johnson (1973).

³The coding manual may be obtained from the authors on request.

Table 1

Correlations of Marital Adjustment (MA), Child Deviance (CD),
and Parental Negativeness for Mothers, Fathers,
and Both Parents Together

	MA	CD	PN
Mothers			
MA			
CD	-.38*		
PN	-.45**	-.48***	
Fathers			
MA			
CD	-.53***		
PN	-.34	.39**	
Parents			
MA			
CD	-.48**		
PN	-.52**	.43***	

*p < .05
 **p < .025
 ***p < .01
 ****p < .005

Table 2
Correlations of Parents' MMPI Scales with Child Deviance,
Parental Negativeness and Marital Adjustment^a

	<u>F</u>	<u>K</u>	<u>Ha</u>	<u>D</u>	<u>Hy</u>	<u>Pd</u>	<u>Mf</u>	<u>Pa</u>	<u>Pt</u>	<u>Sc</u>	<u>Ma</u>	<u>Sl</u>	<u>Pd-Ma</u>
Child Deviance													
Mother	-.02	.27	.04	-.02	-.01	.17	-.24	-.28	.06	.06	.02	.06	.33**
Father	.38**	-.06	.33*	.31*	.37**	.40**	.39*	.34*	.28	.40**	.23	.22	.13
Parental Negativeness													
Mother	.14	.20	.10	.14	.01	.28	-.15	-.01	.18	.31*	-.03	.05	.16
Father	.34*	-.28	.06	.05	.11	.15	.02	.18	.08	.12	.03	.24	.24
Marital Adjustment													
Mother	-.42*	.08	-.25	-.35	-.07	-.50**	.49*	.12	-.32	-.45**	-.20	-.40*	-.42*
Father	-.43*	.44**	-.38**	-.62***	-.43**	-.64***	-.52**	-.33	-.42*	-.47**	-.38*	-.62***	-.39*

^aSignificance levels are based on one-tailed tests for all scales but Mf where two-tailed tests were used.

* $p < .05$

** $p < .025$

*** $p < .005$